

- ☐ Contract To Be Bid
☐ Exempt From Bid
☐ Non-Competitively Bid
☐ Amendment

Contract Request Form

A. CONTRACT REQUEST INFORMATION			E. CONTRACT INFORMATION		
1. Contract Number (if amendment)			1. Contract/Project Description (attach additional sheets)		
2. Amendment Number <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Other:					
B. REQUESTOR INFORMATION					
1. Institution/Program					
2. Branch/Office/Division			2. Location of Service/Project		
3. Address					
4. City					
5. State					
6. Zip			3. Contract Cost \$		
7. Contact Name					
8. Contact Telephone Number					
9. Contact Fax Number					
10. Contact E-Mail Address			4. Amendment Cost \$		
11. Manager Name					
12. Manager Telephone Number					
13. Manager Fax Number					
14. Manager E-Mail Address			5. Total Cost \$		
C. CONTRACTOR INFORMATION					
1. Contractor					
2. Attention					
3. Contractor Address			6. Reason for Amendment (check all that apply and attach explanation) <input type="checkbox"/> Contractor Name Change <input type="checkbox"/> Scope Change <input type="checkbox"/> Increase/Decrease Funds <input type="checkbox"/> Term Extension <input type="checkbox"/> Mandatory Change <input type="checkbox"/> Other: _____		
4. City					
5. State					
6. Zip					
7. Contact Name			7. Contract Term Start Date or <input type="checkbox"/> Upon Approval		
8. Telephone Number					
9. Fax Number					
10. E-Mail Address					
11. Alternate Contact Name			8. Contract Term End Date		
12. Telephone Number					
13. Fax Number					
14. E-Mail Address					
D. SIGNATURE AUTHORIZATION			9. Amendment Effective Date		
All contracts must be authorized by the Hiring Authority or his/her designee. By signing this form, you certify that funding is available. Your signature provides further certification as defined in the instructions.					
1. Authorization (Designated Signature on file) Date					
Print Name/Title					
Additional Signatures only required if request is Non-Competitively Bid or Exempt			10. Amendment Term End Date		
2. Sub-Procurement and Contract Officer Signature Date					
Print Name/Title					
3. NCB Authorization (Division Level) Date					
Print Name/Title			11. Prior Contract Number		
			12. Prior Contractor Name		
			(11&12) For contracts that have expired prior to renewal		
			F. CONTRACT FUNDING INFORMATION		
			1. Funding <input type="checkbox"/> General Fund <input type="checkbox"/> Grant (name) _____ <input type="checkbox"/> Prop 86 <input type="checkbox"/> Federal Funds <input type="checkbox"/> Prop 98 <input type="checkbox"/> Other: _____		
			2. State Budget Item Number		
			3. Project Number (if applicable)		
			4. How often should the contractor invoice? <input type="checkbox"/> Monthly <input type="checkbox"/> One Invoice/Payment upon Completion <input type="checkbox"/> Quarterly <input type="checkbox"/> Progress Payments <input type="checkbox"/> Other		
			5. Rate of Payment, Hourly Cost (if applicable) \$ per		
			6. Justify Reasonableness of the Rate/Cost (see instructions for examples)		
			7. Object Code and Title		
			8. Contract Breakdown and Expenditure Code		
			Fiscal Year Amount Billing Code Index PCA		

G. SCOPE OF WORK

1. Reason for Contract - identify the issue this Agreement addresses.

2. Work to be performed - it is critical that the scope is comprehensive and detailed. For new services, attach a completed Scope of Work and bid/rate sheet. Scope of Work boilerplates and worksheets are available on the Intranet or contact the Procurement and Contracts Branch Help Desk at (916) 445-2679 or OBSHelp@cdcr.ca.gov. If this is an amendment, provide information below (add extra sheets as needed), or attach a copy of the current scope with the changes clearly marked.

H. POTENTIAL BIDDERS (attach additional pages as needed)

	BIDDER A	BIDDER B	BIDDER C
Bidder Name			
Contact Person			
Telephone Number			
Fax Number			
E-Mail Address			
Bidder Address			
City, State, Zip Code			
Small/Micro Business	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Disabled Veteran Business	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
(if yes, provide OSDC Cert #)	#	#	#

BID/CONTRACT REQUEST FORM INSTRUCTIONS

A. CONTRACT REQUEST INFORMATION:

1. Contract Number - For new contracts, leave blank; Procurement and Contracts Branch will assign a number. For Amendments, enter existing Contract Number.
2. Amendment Number - Amendment number of this request (if known).

B. REQUESTER INFORMATION:

Provide contract monitor (contact person) and manager information in these fields.

C. CONTRACTOR INFORMATION:

(If the contract will be bid, leave this section blank)

This section is required for amendments, exempt and non-competitively bid (NCB) contracts (for NCB's include the completed Request for Non-Competitively Bid Contract information).

D. DEPARTMENT AUTHORIZATION:

By signing this form, the approved authority is certifying that:

- (a) Funding is available.
- (b) The Scope of Work has been reviewed for potential conflict of interest.
- (c) The Procurement and Contracts Branch is authorized to prepare and process the required contract documentation.
- (d) The individual(s) to be engaged under this contract are Independent Contractors; or for amendments, the Independent Contractor status remains the same.

To determine the employment/independent contractor relationship, if the following statements are true, it is presumed that the individual(s) to be engaged is an employee not an Independent Contractor.

- The worker can quit or be terminated at any time without being legally obligated for failure to complete the job.
- The manager (or designated person) assigns, reviews, and supervises the individual's work.
- The worker performs services that are a part of the regular operations of the State Agency.

See the Employment Development Department web page (www.edd.ca.gov) for additional information regarding Independent Contractors.

1. Authorization - This request must be signed by the Institution/Program's Hiring Authority or his/her designee.
2. Sub-Procurement and Contract Officer Signature - (NCB Verification) The Institution/Program's Sub-Procurement and Contract Officer must verify the statutory or policy exemption or the need for an NCB and insure complete and proper NCB documentation is provided.
3. NCB Authorization - All NCB requests must be signed by the Institution/Program's Hiring Authority or their designee (equivalent to a Staff Service Manager III or above at Division Level).

E. CONTRACT INFORMATION:

1. Contract/Project Description - A brief description of requested services.
2. Location - Specify if location is a factor. Use additional sheet if needed.
3. Contract Cost - Cost of original contract. Estimate for new contract request or actual amount of original contract for amendment request.
4. Amendment Cost - Cost of amendment request. Indicate increased or decreased cost to original contract if the amendment adds or reduces funds.
5. Total Cost - Total cost of entire contract, including original contract amount, previous amendments and new amendment request, if applicable.
6. Reason for Amendment - Check box and attach explanation or leave blank if not an amendment.
- 7-10. Term of contract/amendment may indicate actual dates or upon approval.
- 11-12. Prior contract information for renewed contracts that have a break in services and are no longer on the renewal database.

F. CONTRACT FUNDING INFORMATION:

Requests must include funding information. All amendments must include revised funding information.

1. Funding - Indicate how the contract or amendment is to be funded.
2. State Budget Item Number - Use if contract or amendment is to be executed within the current fiscal year or is available.
3. Project Number - Typically for construction or Inmate Day Labor Contracts/Amendments.
4. How often should the Contractor Invoice - Mark appropriate box or explain.
5. Rate of Payment, Hourly Cost - If applicable.
6. Fair and Reasonable Cost - For Exempt Bids or amendments - explain how the contract cost was determined to be fair and reasonable. For example:
 - ☐ A market research was completed. Attach the results which determined the contractor's rates were reasonable.
 - ☐ A survey of the institutions with similar services indicates this cost is within an acceptable percentage of the average costs of the institutions surveyed. Attach a list of institutions with percentages specified.
 - ☐ Contractor's rates were negotiated by CDCR's Health Care Services Division.
 - ☐ Contractor offers the State a discount over cost paid by the general public (specify the percentage of discount).
 - ☐ The rates charged by this public entity do not exceed the rates set by the City/County Board of Supervisors.
 - ☐ N/A - this service will be bid.
 - ☐ N/A - this is an amendment and there will be no change to the current rates.
 - ☐ N/A - the services will be provided by MSA/MRA/CMAS/NTP
7. Object Code and Title - Indicate the appropriate Object Code and Title.
8. Contract Breakdown and Expenditure Codes - Estimate the amount per year to be spent on requested service and allocate the total dollar amount of this contract into fiscal years. Round amounts up to whole dollar increments. Include the Index code and PCA. Also, provide the Requesting Unit's Billing Code (6-digit DGS charge code). Attach separate sheets for additional fiscal years, as needed.

G. SCOPE OF WORK:

It is critical that the scope is comprehensive and detailed - the scope must include services to be provided, how often the service will be needed (monthly/quarterly/annually), days for service and hours of service. Describe all special contract requirement(s) such as, progress payments, site visits, mandatory bidder's conference, license requirements, multiple awards, etc. Provide information necessary for the Procurement and Contracts Branch to process the contract (e.g., name, telephone and fax numbers for contract monitor and the Budget Officer, Regional Accounting Office Identification, supplementary funding information [primary, secondary and tertiary], payment method, multi-year justification, etc.). For new services, attach a completed Scope of Work and bid/rate sheet. Scope of Work boilerplates and worksheets are available on the Intranet or contact the Procurement and Contracts Branch Help Desk at (916) 445-2679 or OBSHelp@cdcr.ca.gov. Generally, the Scope of Work includes the following information:

1. Introduction (a brief description of the services to be provided, where services are to be performed and for which program)
2. Contractor Responsibilities (what are the services, schedule of service or deliverables, estimated quantities, inspections, maintenance, emergency services, training, test/report requirements, response time requirements, work hours, receipts, monitoring, parts replacement, bond requirements, etc.)
3. Résumé(s), Job Descriptions and Duty Statements (for Consultants and whenever applicable)
4. Licenses, Permits, Certification Requirements
5. Standard Conditions (i.e., Call-back responsibilities, accidents and damages to CDCR equipment, exclusions, delays, failure to perform services, etc.)
6. CDCR Responsibilities (describe CDCR's responsibilities, i.e., List of equipment/supplies/materials/workspace provided, CDCR Orientation, notice of cancellation of services, inspection/monitoring of services, locations of items, etc.)
7. Other Contact Information (provide representative contact information – name, telephone/fax numbers for scope of work and/or performance issues. Headquarters Accounting or RAO is Accounting contact, Office of Business Services is General Contract contact)

If the request is for:

- **Medical Services** - list the specialty and method of payment.
- **Equipment Maintenance, Service or Rental** - list the type of equipment by name, model number(s), serial number(s) and where the equipment is/will be located.
- **NCB Consultant Service** - the résumé(s) of key personnel must be attached. In no event shall consultant services commence before the contract is approved.
- **Public Works** - agreements between \$120,000 and \$400,000 require a RESD Form 23, Request for Project Undertaking by State Agency form.
- **Small and Micro Businesses** - attach the small/micro business certification.
- **Amendments** – Fully justify the reason for the amendment (e.g., increase/decrease quantity and/or frequency of services, services exceeded estimate volume, etc.). If applicable, provide NCB request form, reasonableness of rate and multi-year justification. If contractor has a name change, provide contractor notification letter and copy of new STD 204, Payee Data Record. If appropriate, provide new budget sheet information or a copy of the prior version with the changes clearly marked. Include any new information. Attach additional sheets, if necessary.

H. POTENTIAL BIDDER INFORMATION:

This section must be completed for all contracts to be bid. Provide current information for at least three viable potential bidders.